2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841118

FILED Feb 26, 2004 Secretary of State

Entity Name: THE DEAFNESS RESEARCH FOUNDATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	IST NW STE 7 TON, DC 2003				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 701	H STREET NV TON, DC 200:				
	13-1882107	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US			1301 CONCORD TER	LIM, BEVERLY G MS PEDIATRIX MEDICAL GROUP 1301 CONCORD TERRACE SUNRISE, FL 33323 US	
	named entity s of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: BEVERLY G. LIM				02/26/2004	
	Electron	ic Signature of Registered A	gent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	GODDARD, JOH	ROAD, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ROBERTI, WILL PO BOX 874 SHELTON, CT		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ORLIN, PAUL	Delete JE, 34TH FLOOR / 10103	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BERNSTEIN, M 7 PENN PLAZA, NEW YORK, NY	, SUITE 618	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () DAMATO, ARMA 105 MAKESS R MELVILLE, NY	D STE S121	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GRECO, SUSAN	REET NW, SUITE 701	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. GRECO D 02/26/2004

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